

# Worker's Request for Workers Compensation Records

K-WC 98 (Rev. 2-2009)

**This form is NOT to be used by employers to access Workers Compensation records.**

## Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

First Name:  MI  Last Name:

Social Security Number:

Street Address **OR** P.O. Box Number:

City:  State:  Zip +4 Code:

Phone (include area code):  Fax:

Date of Accident(s):  -  -

Specify the records you are requesting: ☐ Accident report summaries ☐ Docket summaries  
☐ Actual filings only if requested (2-3 days for processing)

**A** I am requesting that a copy of my records be sent to:

1. First Name:  MI  Last Name:

Street Address **OR** P.O. Box Number:

City:  State:  Zip +4 Code:

2. First Name:  MI  Last Name:

Street Address **OR** P.O. Box Number:

City:  State:  Zip +4 Code:

**B** I hereby verify that I am requesting accident report summaries, docket summaries or actual filings involving an accident or prior claim in which I either sought workers compensation or suffered an injury. I hereby give the Division of Workers Compensation permission to send my records to the person or persons specified above.

Signature of Worker: \_\_\_\_\_

Date: